

GENERAL EMPLOYEE INFORMATION

STATE OF MAINE

BUREAU OF HUMAN RESOURCES

BASIC INFORMATION

EMPLOYEE NAME				SSN	
P.O. BOX	STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE		WORK PHONE		MARITAL STATUS	
FAMILIAR NAME (IF DIFFERENT)		CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF CITIZENSHIP	

EMERGENCY CONTACT

LAST NAME	FIRST NAME	RELATIONSHIP	PHONE (DURING WORK HOURS)		
APT/P.O. BOX	STREET ADDRESS		CITY	STATE	ZIP CODE

HEALTH STATUS

HEALTH STATUS	BLOOD TYPE	LAST PHYSICAL	NEXT PHYSICAL

PROFESSIONAL LICENSES

LICENSE	DATE ISSUED	RENEW DATE
1.		
2.		
3.		

MILITARY SERVICE

VETERANS STATUS	BRANCH OF SERVICE	DATE ENTERED	DATE DISCHARGED	TYPE DISCHARGE

EDUCATION HISTORY

COLLEGE OR UNIVERSITY	TYPE OF DEGREE	DATE OF DEGREE	MAJOR	MINOR
1.				
2.				
3.				

Employee Signature _____ Date _____

PER 53 9/97